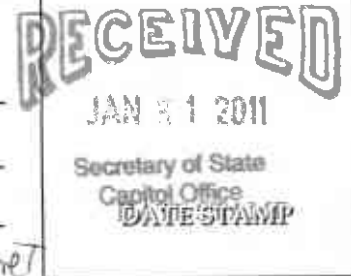


Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election

Name of Candidate Robert L. Johnson IIIAddress 21 Vaughn Dr.Telephone 601-442-9371 Fax 601-346-0070Contact Name Robert Johnson Email rlj3law@bellsouth.netOffice Sought State Legislature Political Party Democrat☐ Check here if above is different from previous report**TYPE OF REPORT**

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$	\$ 3000.00	\$ 3000.00
Total amount of disbursements \$	+\$ -0-	\$ -0-	\$ -00
Total amount of cash on hand		\$ 6850.00	W. H. Amend

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Robert L. Johnson IIIDate 1-31-2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 126, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Robert L. Johnson

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## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atmos Energy PAC</u>		<u>6/29/2010</u>	<u>\$ 500.00</u>
Mailing Address <u>5930 LBJ Freeway Suite 160</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Dallas, TX 75240</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Dental PAC</u>		<u>8/17/2010</u>	<u>\$ 500.00</u>
Mailing Address <u>2630 Ridgewood Rd, Ste. C</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson MS 39216-4920</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   /   /   </u>	\$
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   /   /   </u>	\$
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Robert L. Sohns

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## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management Co.</u>		<u>08/31/2018</u>	\$ <u>500.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code <u>St. Louis Mo 63105</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>United Health Group/Jeffrey Groza</u>		<u>10/04/2018</u>	\$ <u>500.00</u>
Mailing Address <u>8550 United Plaza Suite 700</u>		____/____/____	\$
City, State, Zip Code <u>Baton Rouge Louisiana 70809</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) <u>Vice President Government Affairs</u>		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Altria Client Services</u>		<u>9/29/2018</u>	\$ <u>500.00</u>
Mailing Address <u>6601 W. Broad Street</u>		____/____/____	\$
City, State, Zip Code <u>Richmond Va 23230</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer Inc.</u>		<u>10/22/2018</u>	\$ <u>500.00</u>
Mailing Address <u>235 East 42nd Street</u>		____/____/____	\$
City, State, Zip Code <u>New York, N.Y. 10017-5755</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$